

## Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

### WC Docket #: 02-60 Northwestern Pennsylvania Telemedicine Initiative

#### 1. Project Contact and Coordination Information

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**Organization that is legally and financially responsible for the conduct of activities supported by the award.**

HAMOT HEALTH FOUNDATION

**Explain how project is being coordinated throughout the state or region.**

Representatives from the information systems departments, as well as administrative staff, have been hosting regular meetings to evaluate the needs of their respective entity. These needs have been reviewed and taken into consideration as a network is being designed.

Since the initial application submission, one hospital system has explored the possibility of a fiber network as a “ring” has become available. A second hospital is contemplating the same. Both of these desires represent a significant change from our original project and have required a great deal of “re-working”.

#### 2. Identify all health care facilities included in the network.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

Bradford Regional Medical Center  
116 Interstate Parkway  
Bradford, Pennsylvania 16701  
McKean County  
Census Tract: 4204.00  
RUCA: 4  
814-368-4143  
Not-for-profit, public and eligible

Kane Community Hospital  
4372 Route 6  
Kane, Pennsylvania 16735  
McKean County  
Census Tract: 4211.00  
RUCA: 7  
814-837-8585  
Not-for-profit, public and eligible

Johnsonburg Health Center  
81 Clarion Rd  
Johnsonburg, Pennsylvania 15845  
Elk County  
Census Tract: 9905.00  
RUCA: 7  
814-837-4513  
Satellite of Kane Community Hospital: Not-for-profit, rural health clinic,  
eligible

Kane Medical Park - Ridgway  
225 South St  
Ridgway, Pennsylvania 15853  
Elk County  
Census Tract: 9904.00  
RUCA: 7  
814-837-4513  
Satellite of Kane Community Hospital: Not-for-profit, rural health clinic,  
eligible

Sheffield Area Medical Center  
511 South Main St  
Sheffield, Pennsylvania 16347  
Warren County  
Census Tract: 9712.00  
RUCA: 5  
814-837-4513

Satellite of Kane Community Hospital: Not-for-profit, rural health clinic, eligible

Charles Cole Memorial Hospital  
1001 East 2<sup>nd</sup> Street  
Coudersport, Pennsylvania 16915  
Potter County  
Census Tract: 9503.00  
RUCA: 10  
814-274-9300  
Not-for-profit, public and eligible

**3. Network Narrative:** In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

There has been no competitive bidding process or selection of vendors to date.

**4. List of Connected Health Care Providers:** Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

No network in place.

**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

No expenditures to date.

**6. Describe how costs have been apportioned and the sources of the funds to pay them:**

No expenditures to date.

**7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.**

At this point, we have no ineligible healthcare entities in our plans. Once the network is designed, technical or non-technical requirements can be implemented.

**8. Provide an update on the project management plan, detailing:**

The project and leadership team:

***Steering Committee Members/Leadership:***

George Leonhardt

John Malone

Gary Maras

Ed Pitchford

J. Gary Rhodes  
Hospital

CEO, Bradford Regional  
Medical Center

CEO, Hamot Medical Center

Vice-President – Business Dev.

Director, Hamot Heart Institute

President/CEO, Charles Cole  
Memorial Hospital

CEO, Kane Community

***Overall Project Management:***

Hamot Medical Center/Medicor Associates/Northshore

Valarie Jackson

David Wilcox  
Systems

Mark Silvaggi

Kris Bauer

Aaron DeMatteis

Linda Offner

Project Manager

Director, Information

Information Systems

Information Systems

Information Systems

Northshore Clinical Associates,  
Operations Director

Kane Community Hospital and Satellites

Margaret Twidale

Information Systems

Bradford Regional Medical Center

Terry Palmer

Thomas Marsh

Tim Brown

Director, Information Systems

Information Systems

Director, Radiology Services

Charles Cole Memorial Hospital

Netra Baker, RN

Director of Staff Development

Our original project was based upon an MPLS network design for each entity. During the time, however, between the submission of the application and following the announcement two of the original entities were considering a fiberoptic network. As a result, our project had to be completely re-worked and decisions had to be made whether to have a combination network (some fiber, some MPLS based) or attempt to provide an avenue where all involved could be on a fiberoptic network.

This decision has been time-consuming and the specific recommendations are not yet available to us.

**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

One of the goals of this project is to have a self-sustaining network. This may be accomplished through tertiary referrals for care to Hamot Medical Center and also translated from travel savings.

Procedural revenue generated from referrals from the telemedicine project will help to offset the costs of the proposed telemedicine program. For example, indirect revenue to Hamot Medical Center from cardiac procedures has been projected at an estimated:

- \$107,308 for the first year
- \$139,319 for the second year.

Regional hospitals will realize revenue from additional testing from the specialty evaluations and disease management programs. Laboratory tests, x-rays, EKGs, holter monitors, event monitors, EEGs, and CT/MRI scans may be ordered. The regional hospitals may also realize savings from less travel expenses and overnight accommodations associated with CME programs.

Cost savings will be realized by the end user sites in the form of:

- Travel for CME will be reduced or entirely eliminated, providing a tremendous cost savings for our rural healthcare sites
- Network management and infrastructure will be provided by Hamot Medical Center, ensuring successful connectivity and participation by the end user sites, without additional expense on their part
- Rural patients will save both time and money by eliminating the need to travel in order to receive healthcare consults
- Rural patients will potentially save countless dollars by participating in prevention and wellness clinics, helping them to manage chronic ailments such as heart disease rather than waiting until more drastic (and expensive) treatment is required

**10. Provide detail on how the supported network has advanced telemedicine benefits:**

There are three main goals and objectives of this proposed network:

- ☐ To improve access to a broad range of nationally recognized medical specialty services and help provide standardization of care for patients. A significant amount of the medical care and services can be offered in the rural communities, saving patients time and money. It should also help

reduce the governmental expense related to the Medical Assistance Transportation Program (MATP). According to the Governor's Executive Budget for the Fiscal Year 2007-2008, it is estimated that State funding will be increased by \$8.315 million (from \$56.287 million to \$64.602 million) and Federal Medical Assistance-Transportation funding by \$7.080 million (from \$47.973 million to \$55.053 million) to support the transportation program. Telemedicine could have a positive impact on these costs.

- To use telemedicine to encourage physicians, nurse, and allied health professionals to establish practices and services and remain in the rural communities. Telemedicine can provide increased collaboration and support by peers and improve access to quality continuing education opportunities. Telemedicine may also alleviate the financial burden on rural community hospitals having to recruit specialists to their facility.
- Promote the cooperation of smaller community hospitals to share services

Lessons that we learned from a pilot project with Kane Community Hospital were the basis of the desire to continue to expand telemedicine applications. Kane, Pennsylvania is located 95 east of Erie in the heart of the Allegheny Forest. There are no easily accessible major highways and the geographic climate of the area makes travel difficult nearly 6 months out of the year. In addition, there is no public transportation available for patients to get back and forth to their appointments.

Cardiologists from Hamot Medical Center have been traveling for many years to provide a regional cardiology clinic at Kane. There was a need for additional cardiology time – a need that could not be met by sending a cardiologist any more frequently than was already being done. Telemedicine enabled patients to be seen on a daily or near-daily basis by the cardiologist. After the telemedicine evaluation it was decided whether the patient required more advanced testing or if he/she could stay in their hometown for treatment. Once the outpatient evaluations caught on, physicians at Kane began to utilize the telemedicine unit for certain inpatient consultations. Rather than keep the patient longer than they should or transfer the patient unnecessarily, these physicians were able to confer with the specialist to determine the best possible avenue for care.

In terms of distance learning and education, Grand Rounds and nursing Lunch and Learn programs were transmitted via telemedicine on a weekly basis. Physicians from the Kane Community Hospital system were able to participate and gain CME without the need to travel to acquire them.

A hybrid composed of an MPLS and fiberoptic network would enable interconnectivity with all the healthcare systems in the Northwestern Telemedicine Initiative. As such, the system can be accessed during a national crisis and provide information simultaneously throughout the network to each of the affiliated hospital systems. The fiberoptic ring would provide a redundant, comprehensive and complete optical fiber-based backbone for the regional and local hospitals to interconnect. The fiberoptic network would be capable of deploying all of the telemedicine applications as well as eliminating the bandwidth restrictions.

**Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information**

Although the network is not yet been implemented, rural health care providers will have access to various specialists and medical libraries of Hamot Medical Center through the telemedicine connectivity.

**...enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.**

The network will enable the health care system to receive current information in the event of a national crisis. As such, the health care system will become the central location for the dispatch of information to the emergency crews, firemen and police.

**11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

Not applicable at this time as the network has not been constructed.

**Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary** N/A

**Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology** N/A

**Explain how the supported network has supported the Nationwide Health Information**

**Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations.** N/A

**Explain how the supported network has used resources available at HHS's Agency for**

**Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology.** Several articles regarding emerging lessons from the website have been instrumental in the design of the health care network.

**Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for**

**Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives** The planning checklist from the website has been reviewed. Articles regarding the above have been evaluated.

**Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.** The Public Health Emergency Exercise Toolkit has been reviewed.

**12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.** N/A at this time.